

CORE CHILD SURVIVAL and HEALTH NETWORK PROGRAM
Cooperative Agreement GHS-A-00-05-00006-00

FY05 ANNUAL REPORT
FEBRUARY 3, 2005 – SEPTEMBER 30, 2005
EXECUTIVE SUMMARY

The CORE Group received the CORE Child Survival and Health Network Program Cooperative Agreement on February 3, 2005 for a five-year period. This first annual report for the period February 3 to September 30, 2005 consists of the Executive Summary describing general accomplishments according to the intermediate results of the project. The executive summary is followed by four Attachments with more detailed project information.

Attachment 1, Year 1 Work Plan Results, provides the status and detailed results for each activity approved for each of the five Intermediate Results.

Attachment 2, Year 1 Workshop and Technical Update Report, lists each of the workshops and technical updates conducted by the CORE CSH Network Program during this period.

Attachment 3, Year 1 Dissemination Plan Results details the mechanisms used to disseminate CORE-produced materials and tools that were produced in 2004.

Attachment 4, Year 1 Documents / Articles Produced, lists the various briefing papers and other documents produced by the CORE CSH Network Program during this period.

Background

The focus of this first year abbreviated period (February 3, 2005 – September 30, 2005) was to 1) increase field use of the materials and documents that were created by CORE in 2004; 2) develop strategies / ideas / plans / partnerships that will enable or facilitate collaborative NGO action and learning toward scaled-up public health impact at the country level over the next 5 years; and, 3) conduct specific activities critical to achievement of the five Intermediate Results stated in the RFA.

During this period, CORE, accompanied by USAID CSHGP staff, met with various USAID health teams from the Bureau of Global Health SO1, SO2, SO3, SO4 and SO5 divisions and regional bureaus to align our activities with USAID strategic priorities and to strategize on ways to increase dissemination of CORE products. We also met with cooperating agencies such as the BASICS, CSTS, FANTA, SARA, and HIP in order to look for synergies and complementarities between our activities. After these consultations, and further discussions with the CORE Working Group teams, CORE submitted a Year One work plan to USAID on March 18, 2005. After clarifications through e-mail exchange, USAID approved the work plan on April 7, 2005.

CORE also relocated to new offices within the World Vision building. Beginning in mid July 2005, CORE leased space from World Vision and assumed full occupancy costs.

Summary of Accomplishments

In spite of this being an abbreviated year, CORE was able to meet its planned targets and initiate activities for Year Two. Accomplishments were the result of high-functioning partnerships that existed prior to this cooperative agreement and new partnerships that were created between CORE members and other cooperating agencies. The eight CORE Working Groups (HIV/AIDS, IMCI, Malaria, Monitoring and Evaluation, Nutrition, Safe Motherhood/Reproductive Health, Social and Behavior Change and Tuberculosis) conducted several skill building technical sessions at the CORE spring and fall meeting and

planned detailed activities to conduct workshops, other technical updates and some documentation activities throughout the remainder of this year. The Working Groups are key to CORE's success, providing the technical leadership and direction that enables CORE to accomplish tasks, and building social capital and trust among the various CORE members and other partner organizations.

The following paragraphs highlight the summary activities and results for each intermediate result of the CSH Network Program during this period.

Intermediate Result 1: Increased annual PVO membership to access an increased beneficiary population

CORE increased its number of active members from 38 to 40 organizations.

During this period, three new organizations joined CORE and one organization became inactive due to a change in its strategic direction. CORE's strategy was to maintain current members through quality servicing and forums for member participation (including spring and fall meetings and working group support). We enhanced outreach for new members through CORE participation in a number of events and increased venues for non-member participation. CORE participated in 5 USAID/CSTS events to attract new members plus other events such as GHC events and APHA. CORE conducted a 5 day spring meeting in April in Westpoint, NY and a 2 day fall meeting in September in Washington DC; potential new members participated in both of these events. CORE updated its website, produced and disseminated 6 editions of an e-newsletter, in addition to actively managing listservs for the CS Community, RBM Constituency, and 8 working groups. CORE marketed its tools and shared information via several web portals, listservs and publications. CORE designed and conducted a baseline survey to gauge member support, the level of participation in CORE services, and the use of key CORE documents and tools. The results are currently being analyzed and will be used in FY06 to further refine our services.

Intermediate Result 2: Increased PVO collaboration at country-level to scale-up proven public health interventions for effective and sustainable programs.

CORE supported collaborative activities in 4 countries and initiated activities to promote future country-level collaboration.

CORE provided sub-grants to Malaria Secretariats in Kenya, Uganda and Tanzania for \$15,000 each for the period April through September. Uganda organized two advocacy / capacity building activities on malaria; Tanzania hosted several meetings to develop IEC materials for GFATM activities; and Kenya hosted a capacity building workshop for new GFATM grantees. All three secretariats received GFATM or USAID Mission funds to continue to promote collaborative activities. CORE sought additional funding from private sector partners in support of future collaborative malaria activities. With private match funding, CORE supported a collaborative effort in Haiti for a bundled application to the GFATM Round 5 for HIV/AIDS prevention and care. CORE dialogued with global partners and USAID flagship projects (HIP and BASICS) to identify possible countries for collaborative efforts over the next year. CORE engaged its members, USAID staff and BASICS staff in a series of discussions to identify strategic countries for a coordinated effort on community case management.

Intermediate Result 3: Increased PVO collaboration with global health alliances and initiatives to enhance, contribute and promote community level best practices.

CORE engaged with 6 initiatives and the US Coalition for Child Survival Steering Committee.

CORE engaged with Polio, Measles, Neonatal, Stop TB, Breastfeeding, and RBM initiatives and the US Coalition for Child Survival Steering Committee. CORE attended the RBM partnership board meeting as the NGO Representative to the Board and initiated an election process to elect the new RBM NGO Board representative since CORE's two-year Board term ends in October. CORE held meetings with all Global Health SO teams and 3 regional bureaus; hosted 2 USAID brown bag discussions on the Care Group Model and Maternal and Neonatal Indicators Compendium and participated in the USAID neonatal health

forum. CORE developed a Background Paper on Scale and Scaling-Up (available at <http://www.coregroup.org>) that was widely distributed to USAID and PVO staff; and furthered dialogue on working at “scale” at the CORE fall and spring meetings. Linkage and collaboration with key global actors and initiatives is instrumental in the achievement of scale (widespread impact) at a national or regional level. CORE developed an annual communications plan for FY06 that was submitted in our FY06 work plan. CORE produced four publications this year to highlight the potential impact of collaboration towards scale:

- Global Health Technical Brief: Building Successful Alliances for Global Health (co-authored with White Ribbon Alliance and distributed at the October 2005 USAID MAQ)
- Global HealthLink Article: Fighting Mosquito Fever: NGOs Promote Home-Based Management of Malaria Fever in Uganda (April 2005)
- State Department E-Journal: Treating Malaria in Rwandan Communities (August 2005)
- Process Paper: CORE Supports PVO Collaboration in Rwanda: A Look at the Process.

Intermediate Result 4: Improved PVO capacity to improve quality and access to health care services at community and district level

CORE finalized 2 TB case studies, held a Community Case Management Technical Advisory Group Meeting, conducted 4 technical updates at the CORE spring and fall meetings, hosted 1 web-based technical update on TB incentives, and widely disseminated 26 tools / documents created in FY04.

CORE finalized the editing and layout of two TB case studies that were written in draft form in 2004, and began planning for a TB regional workshop for NGO program managers that will be conducted in India in 2006. With its private funding, CORE also completed a 3rd TB case study. CORE held a web-based technical update on use of incentives for TB adherence. CORE sent a representative to the Community Case Management (CCM) meeting in Senegal sponsored by USAID to learn about efforts to promote the scale-up of this activity. CORE also worked with BASICS and Save the Children to conduct an assessment of country-level CCM materials currently in use and a needs analysis of PVO and MOH staff working in CCM for future materials that would guide improved quality of CCM programs. Based on these assessments, CORE hosted a one day Technical advisory group meeting with PVOs, USAID and key partner organizations (WHO, UNICEF, JHU, SARA Project, RPM+ Project) to discuss a draft outline for a CCM guide. These initial CCM efforts to draft a guide will be continued over the next couple of years coupled with efforts to improve and expand collaborative CCM programs at the country level. CORE hosted technical updates at the CORE spring meeting on state-of-the-art topics identified by CORE members as critical to improving quality and access to health services. These technical updates included malaria in pregnancy, maternal health (household to hospital strategies), strategies to maximize use of zinc for diarrhea management, and community case management. A large part of the year was spent widely disseminating 26 documents and tools that were produced by CORE in 2004. The dissemination mechanisms used for each document are outlined in Attachment 3.

Intermediate Result 5: Improved PVO capacity to improve key family and community practices to address public health issues in communities.

CORE conducted 2 regional workshops, 1 country-level workshop, 6 technical updates and 5 cross-cutting updates at the CORE spring and fall meetings, 3 web-based technical updates, completed 3 documents, and widely distributed tools / documents created in 2004.

As part of its institutionalization strategy, CORE conducted two regional monitoring and evaluation workshops with Makerere University in Kampala, Uganda. The first workshop (conducted in May) was on use of Epi Info to analyze Child Survival KPC data; and the second workshop (co-hosted with CSTS in August) trained KPC survey trainers from NGOs and the MOH using the CORE KPC Training of Survey Trainers manuals. Makerere University has expressed interest in co-hosting these same workshops again next year. Due to efforts needed for these 2 activities plus the planning that was initiated to host a regional training on Qualitative Methods in early 2006, the web-based training on the LQAS methodology was postponed until 2006.

CORE conducted a PMTCT/VCT workshop in India in May (with funding from FHI Impact) for NGOs and their key MOH counterparts. The purpose of the workshop was to field test a set of community-based guides, to disseminate best practices across NGOs and to build the capacity for PMTCT / VCT programming. Participants found the guides to be highly useful; the workshop resulted in a web-based forum, hosted by Counterpart, Int., for further sharing of information. Based on the workshop, third and final drafts of the PMTCT and VCT guides were finalized and sent to FHI Impact for review and approval in FY06.

In addition to the PMTCT and VCT final drafts, CORE finalized the World Relief Care Group malaria case study; and completed the PD/H Addendum (with CORE private funds). The KPC malaria module is waiting for MEASURE input before it can be finalized. CORE contributed to the revision of the nutrition TRMs completed by FANTA, and provided input into the health systems strengthening TRM. Dr. Daniel Perlman, a medical anthropologist completed field work for a case study on neonatal health in Bolivia; the document should be finalized by the end of 2005.

CORE conducted 6 technical updates plus 5 cross-cutting updates at the CORE spring and fall meeting. Topics included environmental health, newborn care, HIV/AIDS mainstreaming, faith-based organizational experiences with ABC and home-based care for HIV/AIDS, integration of family planning and MCH programs, and HIV and infant feeding to improve the quality of community-based programs seeking to improve family and community practices. Cross-cutting technical updates were held on scale and sustainability. Dr. Henry Mosley presented a mini-seminar on using leadership for change to strengthen health systems. Three web-based Elluminate technical updates were also held on sustainability, MIHV's experience integrating family planning into CS programs; and HIV and infant feeding. As listed in Attachment 4, CORE disseminated materials it produced in 2004 in order to have them more widely used.